

PART B - FEE(S) TRANSMITTAL

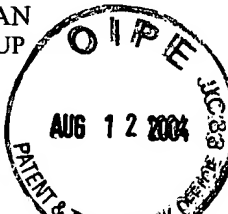
Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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05/12/2004

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/406,269	09/24/1999	JIN-AN JIAO	48551	1426

TITLE OF INVENTION: PHARMACEUTICALLY ACTIVE COMPOUNDS AND METHODS OF USE THEREOF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	08/12/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
VOLLANO, JEAN F	1621	514-102000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sunol Molecular Corporation

Miramar, Florida

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

[Signature] (RS 33860) Aug. 12, 2004

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/16/2004 SDIRETAE 00000007 03406E69

01 FC:1501

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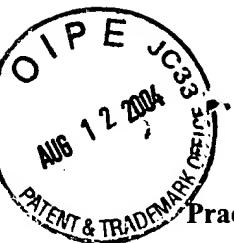
02 FC:1504

300.00 DP

03 FC:8001

30.00 DP

TRANSMIT THIS FORM WITH FEE(S)



Practitioner's Docket No. 48551 (72011)

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Jiao et al.
Application No.: 09/406,269 Group No.: 1621
Filed: September 24, 1999 Examiner: J. Vollano
For: PHARMACEUTICALLY ACTIVE COMPOUNDS AND METHODS OF USE
THEREOF

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
MAIL STOP ISSUE FEE

TRANSMITTAL OF PAYMENT OF ISSUE FEE (37 C.F.R. SECTION 1.311)

1. Applicant hereby pays the issue fee for the attached Issue Fee Transmittal PTOL-85.
2. Fee (37 C.F.R. section 1.18(a) and (b)):

Application status is:	Regular	Design
<input type="checkbox"/> small business entity fee	<input type="checkbox"/> \$ 665.00	<input type="checkbox"/> \$230.00
<input checked="" type="checkbox"/> other than a small entity fee	<input checked="" type="checkbox"/> \$1,330.00	<input type="checkbox"/> \$460.00
3. Publication fee	<input checked="" type="checkbox"/> \$ 300.00	
4. Advanced order of soft copies of patent fee	<input checked="" type="checkbox"/> \$ 30.00	
Total Fee Enclosed:		\$ <u>1,660.00</u>

5. Payment of fee:

CERTIFICATION UNDER 37 C.F.R. § 1.10*
(Express Mail label number is *mandatory*.)
(Express Mail certification is *optional*.)

I hereby certify that this paper, along with any document referred to, is being deposited with the United States Postal Service on this date **August 12, 2004**, in an envelope as "Express Mail Post Office to Addressee," mailing Label Number **EV438992403US**, addressed to the: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, MAIL STOP ISSUE FEE.

Susan M. Dillon
(type or print name of person mailing paper)
Susan M Dillon
Signature of person mailing paper

[X] Enclosed please find check for \$ 1,660.00

[X] Charge Account 04-1105 for any fee deficiency.

[] Charge Account _____ the sum of \$ _____.

A duplicate of this request is attached.



SIGNATURE OF PRACTITIONER

Reg. No. 33,860

Peter F. Corless
(type or print name of practitioner)

Tel. No. (617) 439-4444

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